

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

APP. NO.

10-51793

APP. NO.

CLAIMS

AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.

AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.

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TOTAL IND.	7	↓	↓	↓
TOTAL DEP.	5	←	←	←
TOTAL CLAIMS	12			

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TOTAL IND.		↓	↓	↓
TOTAL DEP.		←	←	←
TOTAL CLAIMS				